

# York County Disaster Relief Assistance



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. The home has been determined:
  - ☐ Demolished
  - ☐ Unsafe
  - ☐ Habitable with Repairs
2. Does the applicant have documentation of insurance claim?
  - ☐ Yes (if so, attach copy)
  - ☐ No, if not, does individual have insurance?
    - ☐ Yes—refer to insurance company for assistance
    - ☐ No
3. Has applicant applied for/received FEMA assistance?
  - ☐ Yes, (if so, attach verification)
  - ☐ No—if not, refer to FEMA for assistance

Total Financial Assistance Received to-date: A \$ \_\_\_\_\_

Monthly Income—all sources: B \$ \_\_\_\_\_  
(attach verification)

Monthly Expenditures:  
(attach verifications)

Mortgage/Rent: \$ \_\_\_\_\_

Rent for Temporary Housing: \$ \_\_\_\_\_

Utilities: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Medical/Prescriptions: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

TOTAL: C \$ \_\_\_\_\_

Income minus (-) Expenses  
(A+B) - C \$ \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, (we), certify under penalty of law that I, (we), have prepared or examined this application and to the best of our knowledge and belief it is true, correct and complete.

\_\_\_\_\_  
Signature of Applicant/Owner Date

\_\_\_\_\_  
Signature of Spouse Date

\_\_\_\_\_  
Signature of Preparer (if not applicant)

\_\_\_\_\_  
Phone Number of Preparer Date

Return to:  
Community Services Dept.  
224 Ballard Street, PO Box 532  
Yorktown VA 23690

(757) 890-3880  
York County Residents Only